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Bib Data Sheet

CONFIRMATION NO. 8172

SERIAL NUMBER 09/942,904	FILING DATE 08/30/2001 RULE	CLASS 705	GROUP ART UNIT 2166	ATTORNEY DOCKET NO. 59704						
APPLICANTS Robert A. Drazen, Longwood, FL;										
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/229,266 08/30/2000										
** FOREIGN APPLICATIONS *****										
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 10/03/2001										
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY FL	SHEETS DRAWING 12	TOTAL CLAIMS 28						
INDEPENDENT CLAIMS 3										
ADDRESS 27975										
TITLE Patient analysis and research system and associated methods										
FILING FEE RECEIVED 427	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: <table border="1"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Credit</td> </tr> </table>				<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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